Community Service Network 7 Meeting
DHHS Offices, Biddeford
October 9, 2008

Draft Minutes

Members Present:

- Don Burns, AIN
- Lois Jones, Counseling Services Inc.
- Jeanne Mirisola, NAMI-ME Families
- Chris Souther, Shalom House
- Jen Ouellette, York County Shelter Programs

Members Absent:

- Center for Life Enrichment (vacant)
- Creative Work Systems
- Goodall Hospital
- Riverview Psychiatric Center
- Saco River Health Services
- SMCC & Spring Harbor (excused)
- Volunteers of America
- York Hospital

Others/Alternates Present: Gary McNeill, CSI

Staff Present: DHHS/OAMHS: Don Chamberlain, Carlton Lewis, Ron St. James, and Dr. Stevan Gressitt. Muskie School: Scott Bernier

Agenda Item	Discussion
I. Welcome and Introductions	Carlton opened the meeting with introductions around the table.
II. Review and Approval of Minutes	Jeanne reported that Section IV. System Learning from Mirisola Case on page 2 under "Involuntary Community Treatment" should be corrected. **ACTION:** Jeanne will email Scott the corrections. September Minutes are tabled until after this submission and an additional review for approval at the November meeting.
III. Feedback on OAMHS Communication	Don Burns attended the York County Dept. of Transportation public meeting after receiving notice of it from OAMHS. He emphasized that transportation is a strong unmet need in this CSN.
IV. Legislative & Budget Update	Don provided the update. Suggestions gathered from all CSNs are under review at the commissioner's office. Budget proposals have also been submitted. OAMHS has limited ability to challenge any cuts to the proposals/budget as they move up the chain. However, you do have the ability to challenge any cuts. We are not sure what has made it to the governor's office at this point. Up to now, OAMHS has pushed for a narrow definition of eligibility for services: CLASS members and those who qualify for MaineCare Section 17 only. We have put in language that if we are found to be responsible to provide services to more people by the court master, there will be additional costs to meet those requirements. Questions/comments: • Were there any recommendations for non-class members? A. OAMHS under consent decree is more narrow definition. If it is broadened by the court master, we'll have to widen the definition. • Are you saying OAMHS will only cover CLASS & MaineCare Section 17? A. We are. That is our obligation with the consent decree. If we have additional funds, we'll happily serve more people. • What if someone had a spend down of funds? A. We haven't grabbled with that yet.

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	• A year ago there were people in PNMI who were not eligible for MaineCare. For people who are mentally ill and need services, who is responsible for them if not DHHS? A. Who is it that the state should support with public dollars? In broader population, we've discussed this in healthcare, but haven't figured out how to support them. • It sounds to me like if there was no consent decree there would be no support. • It seems to me that you're drawing a clear line between those who are and are not to be served. A. You might want to wait until after you hear what does or does not get through the budget process.
V. Unused Prescription Drugs	Don introduced this item and introduced Dr. Stevan Gressitt, who then made a presentation. He also handed out an information sheet and envelopes for unused drugs. **Background:** The Maine Benzodiazepine Study Group approached the Legislature about enacting a law to help remove unused drugs from homes/agencies. The law passed, but with no funding. The group looked to several agencies for grant money. The Federal Environmental Protection Agency (EPA) provided funds to keep unused drugs out of the water system. $150,000 was granted for the pilot program. In the program, envelopes are being handed out in four counties: Aroostook, Penobscot, Kennebec, and York. People are asked to place unused drugs in the envelopes and mail them. The study group will then catalog the amount, types, and street value of drugs returned before turning them over to MDA for safe disposal. So far the program is working. It may become a model for other states. It was brought about for individual events with law enforcement are great, but they are insufficient. October 31st is Safe Drug Disposal Day in Maine. Envelopes handed out are coded to this CSN. Please use them. It would help if pills stay in viles, but you can wipe out the names. Once we have gathered more data on the drugs that are being returned. We will need to look at the policy around prescriptions and reduce the length of time of the initial prescription in order to reduce the amount of unused drugs out there. Questions/Comments: • On the short waive co-pay—we may need a few classes for some classes of drugs take several doses to build up their effect. How are we going to do this and who is going to look at the water to see if we're doing a good job of keeping drugs out of the water system? A. It can be difficult to look for the right thing in the water. It can be very complicated. For example in one city in Italy, they found greater traces of cocaine in the water then the local officials expected. What was found indicated that there was a higher cocaine problem then previously thought. • Is it legitimate for us to dispose of our drugs this way? A. Yes. • What if we identified the drugs for you? A. It would be helpful to us, put the list in the envelope with the drugs. • What about stuff we dispose of elsewhere? A. We'll gladly take an list of that. • Perhaps we should contact shelters to get numbers from them and forward that information to you? A. Yes, that would help. • Will this move towards reuse? A. No. The aim is to put a stop to prescribing medications that will not be used. • What about blister packs? A. You can't run drugs through a blister pack machine more than once due to the heat used to seal the packs. • What are the alternatives. Can we send boxes to this address? A. It has happened. It is a good thing. By law, MDA must respond to this process as long as there is funding. But there could be a problem shipping by box if

Agenda Item	Discussion
	the drugs leak out of it. The packaging integrity must survive shipment. These envelopes were inspected by the postal service and met its approval. • Can we get more envelopes? A. No, this is what I have for this CSN at the moment. Please use them. • Is the goal beyond safe disposal? Is it for advocating for better prescription practices? A. Yes. • Could pharmaceutical companies be opposed to this? A. Actually, no. If you don't take the prescription, you're not going to be a repeat customer.
VI. Wraparound Funds Proposal	Proposal was handed out from York County Shelter Programs and reviewed by those in attendance. Lois reminded those present that CSI has handled Wraparound funds in this CSN in the past and would be happy to continue administering the program. She distributed a handout showing how the funds have been used over the first six months of 2008. Don reminded members that the wraparound funds need to be accessible to clients within the CSN regardless of whose client they are. Discussion • Is it a requirement to have a single source in a CSN? How is there proper access to the funds? • York County Shelter Programs didn't realize that CSI had been managing the funds. We didn't know our people could go to CSI for funds. • Lois pointed out that if we go to a committee format in this CSN it would increase the administrative burden of handling these funds. • Jen countered that by going to a team approach it would provide more opportunities to problem solve other sources. • Don provided examples of how other CSNs are managing their wraparound funds. • Carlton added that within some agencies with funds, they have an internal committee who oversees requests for funds. • Lois agrees that it makes sense to have a clear process to access funds quickly. • Don noted that there is a concern that if multiple agencies within a CSN have funds that consumers may "shop" for those funds among the agencies. We're not anxious to divide funds up. We want one system in each CSN. We'd prefer one payer within the CSN. • Lois pointed out that case managers are expected to exhaust all other sources of help before they can apply for wrap funds. • CSI has received $25,518 in wrap funds for the six-month period. **ACTION:** Lois and Jen will meet to review what CSI is currently doing. They will then work out a proposal to present to this CSN at the November meeting. Don gave them a deadline that this must reach closure in November. Don also requested that they bring back an affirmation of the rules of how funda are to be spent. **ACTION:** Lois will look up what falls under miscellaneous on the wrap fund expense report and report it back to the CSN group.

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VII. Additional Crisis Data - CSI	Lois reported back to the group with additional crisis data covering a three-month period. Most of it had to be hand tallied, so there may be errors in it. (insert data emailed here) People want to know what percentage of crisis assessments were received in the emergency departments. The total hospitalization rate was 21 percent at Southern Maine Medical Center and 26 percent at York Hospital. 18 percent of those hospitalizations were voluntary and 10 percent were involuntary. Questions/Comments: • Where those who were brought in by the policy incarcerated? A. Not necessarily. Police were called for some reason. • It would be important information to know why the police were called. A. Unfortunately, we don't have that information. Would have to talk to the police for that data. • Don reported that OAMHS' goal is that no more than 25 percent of assessments take place in hospital ER's. • So the questions are why were the police involved and was there an alternative place they could have been brought to other than the ER. • We need to find a way to reduce the expense of this and stretch funds. If we could develop a place to send them elsewhere, we would also need to work closely with law enforcement. A. Police can't transport without a legitimate cause and when they do transport, they must maintain custody of the individual until hospital security takes over or there is disposition. • Don told the group that the crisis initiative is seeking to do some of the work the group is suggesting. • It would be helpful to know not just disposition, but also how they were referred. • One of the things we need to know is what data people actually want collected. Maybe this CSN and OAMHS need to state what they want. Response: I think you as a provider should be interested in data that will help move crisis out of the ER.
VIII. Consumer Council Update	There was no one from the consumer council present to provide an update. Don reported that Elaine Ecker has resigned from the Muskie School to become the new executive director of the Consumer Council.
IX. Employment Service Networks (ESN) Update	There was no one present to provide an update.
X. Impact of Energy Costs	Don B. reported that LHEAP received more funds and that the income limit to qualify for aid has been raised to $47,000 for a family of four. NPR has reported that at the moment, the least expensive way to heat your home is electric. CSI reported that their ACT, CI & ICI fuel costs for the year were $205,449. They reimburse their employees 36 cents per mile, which is not meeting costs. They have raised the rate for direct service staff to either 38 or 39 cents.
XI. Other	**PNMI & Crisis:** Jeanne reported that some individuals need more care than the shelter can provide, but they don't meet crisis criteria. Where do these people go? There are people at the shelter who are not stable. It becomes a management issue if we have more of them than we can manage at once. If someone is connected to an ACT Team, one of their clients shouldn't be seeking a shelter bed. Lois responded that it has happened before. There is some need where ACT people have had to go to a shelter.

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	Don asked if it is conceivable that we could broaden the definition of who is eligible to go to a CSU that would meet this need? Lois thinks it may. The definition is around behavior. Jen added that if they are in our PNMI bed, there has to be a substantial reason. Lois noted that it could be due to the number of available beds. Don suggested that it would be useful to collect data on cases like these. Lois and Jen agreed to do so. **Sanford Public Hearing on 10/7:** Sanford held a public hearing on Tuesday. CSI and Sweetser Legal Counsel attended the hearing. Sanford is attempting to restrict new mental health and substance abuse services within the community to keep methadone clinics out of the town. Another hearing is scheduled for November 21. You can see the proposal on the town website at: http://www.sanfordmaine.org/ The town is looking at it from a zoning issue and want to restrict away from residential zones. Current clinics are grandfathered, but if this is passed and you want to add/change your services, you may not be able to remain where you are located.
XII. Public Comment	None.
XIII. Meeting Recap and Agenda for Next Meeting	See **ACTION** items above. Legislative & Budget Update Consumer Council System Update Employment Specialist Update Impact of Energy Costs Wraparound Funds Proposal

Appended to CSN 7 Meeting Minutes – September 11, 2008 – Item IV

CSN 7

CASE REVIEW
Resulting in Mental Health Systems Issues and Recommendations for Improvement
(Jeanne Mirisola, Jennifer Goodwin, Mary Jane Krebs)

1. ED
   - Resolve disagreement amongst family/guardian, ED MD, crisis worker, private psychiatrist in regard to legal status before having discussion with the patient.
   - Establish need for involuntary Blue Paper but voluntarily admit patient if he/she is willing to go on voluntary status (least restricted)

2. Family Engagement
   - Educate crisis providers to engage family early in assessment process.
   - Educate inpatient team to invite family to treatment team if needed or if family requests and establish time for meeting.
   - Update Inpatient Patient/Family Handbook to include process/person for family to bring issues/concerns to during family member's hospitalization, include role/function of Patient's Rights Liaison

3. Guardianship
   - Educate crisis and hospital staff on role/responsibilities of guardian.

4. Commitment Process
   - Strongly consider instating white paper commitment process when family and staff disagree on discharge (invite Kathy Greason to CSN meeting to discuss family concerns and hospital's role).

5. MH Advanced Directive
   - Consider how "Care Preferences" a non-legally binding directive can be used by patients with guardians.

6. Educate hospital and community providers when new services, e.g., ACT Team, opens in effort to maximize utilization.